

## **APPENDIX C**

# **STANDARD FORMAT AND SPECIFICATIONS FOR MAGNETIC TAPE, 3½" AND 5¼" DISKETTES, OR CD-ROM**



**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**PATIENT DISCHARGE DATA SECTION  
STANDARD FORMAT AND SPECIFICATIONS FOR  
MAGNETIC TAPE, 3½" AND 5¼" DISKETTES, OR CD-ROM**

The format and specifications are for discharge data to be submitted on magnetic tape, 3½" and 5¼" diskettes, or CD-ROM. The record format and additional requirements are described on Pages 3 and 4 for magnetic tape and Pages 5 and 6 for diskettes and CD-ROM. The specifications for record positions, data lengths, data types, and coding structures for each of the required data elements are described on Pages 7 through 24.

A test data file **MUST** be sent to the Office of Statewide Health Planning and Development (OSHPD) for review and acceptance before authorization for the hospital's reporting system can be granted, regardless of whether it is a new system or a change in the existing system, as specified in Subsection (a) of Section 97210 and Section 97125 of the California Code of Regulations (CCR).

Each hospital is required, as specified by Section 97215 of the CCR, to submit a test data file at least 60 days before the next reporting period due date. The 60 days allow sufficient time for the testing process and avoids the possibility of a penalty situation because of late filing of the discharge data report. Each hospital or its designated agent is required to demonstrate compliance with the appropriate format and specifications **BEFORE** OSHPD will accept its discharge data file.

To "pass" the testing process, the test data must first meet the format and specifications so that OSHPD can successfully process the discharge data, and the test data file must contain at least one record in each of the required data element categories.

If the test data file fails to meet the format and specifications and/or does not reflect data in each of the required data element categories, an acceptable revised test data file is required.

To submit your test data file, you must complete Page 2 for all computer media, as well as Page 3 for computer tape only, of the Standard Format and Specifications package and an Individual Hospital or Agent's Transmittal Form-OSHPD 1370.1 or 1370.2. Forward the appropriate document with your test data file to the address below:

**Office of Statewide Health Planning and Development  
Patient Discharge Data Section  
818 K Street, Room 100  
Sacramento, California 95814**

**DATA ELEMENT SPECIFICATIONS  
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**Complete the following information and return with the test data file:**

HOSPITAL: \_\_\_\_\_

HOSPITAL IDENTIFICATION NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF RECORDS IN TEST DATA FILE: \_\_\_\_\_

Was the software for your computer reporting system developed in-house:

YES [ ]      NO [ ]

If you respond No to the above question, please complete the following:

Indicate the company that provided the software for your computer reporting system:

\_\_\_\_\_

Indicate the first semiannual reporting period for which you intend to submit discharge data using your reporting system after the system has been tested and approved:

January 1 – June 30

☐

\_\_\_\_\_  
Year

July 1 – December 31

☐

**FOR USE WITH DISCHARGES ON AND AFTER 1/1/99**

Revised March 1998

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**STANDARD RECORD FORMAT  
MAGNETIC TAPE**

The standard record format options for reporting discharge data on magnetic tape are described below. An asterisk (\*) denotes the preferred format. Please check the format you choose to prepare your tape:

Recording Density:     ☐ 6250 BPI, 9-Track

☐ 1600 BPI, 9-Track

☐ IBM 3480 compatible cartridge tape\*

NOTE: This DOES NOT include the ½ inch "DC type"  
              cartridges.

Recording Mode:     ☐ EBCDIC\*

☐ ASCII

Labels:               ☐ IBM Standard\*

☐ Unlabeled

Record Format:       Fixed, 520 bytes

Block Size:           ☐ 5,200 bytes (Blocked 10 records)\*

☐ Other (maximum 32,760 bytes or 63 records per block).  
                                      Specify number of records per block:

\_\_\_\_\_

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**STANDARD RECORD FORMAT  
MAGNETIC TAPE**

**ADDITIONAL REQUIREMENTS**

- NO packed or binary data.
- The tape format requires a fixed-block only.
- All unused alphanumeric and alphabetic fields must be spaced-filled.
- All alpha fields must be in UPPER CASE.
- All unused numeric fields must be zero-filled.
- Each tape should consist of a single file only. Multiple tapes are not allowed. The single data file may contain multiple facilities; however, tape marks between the facilities are not permitted.
- If the single data file exceeds the capacity of the tape, a second tape is acceptable to complete the data file. Each tape must be labeled indicating the processing order.
- The reporting period must not be split into smaller periods and written as separate data files on one or more tapes. Exceptions are allowed for changes in licensee. The effective date of the change in licensee shall constitute the start of the reporting period for the new licensee, and this reporting period shall end on June 30 or December 31, whichever occurs first. The final day of the reporting period for the previous licensee shall be the last day their licensure was effective, and the due date for the report shall be six months after the final day of this reporting period.
- The entire tape must contain either all EBCDIC or all ASCII characters. Unused fields must be properly initialized. The normal recording mode of your computer should be used in writing the tapes to avoid the mixing of recording modes.
- The 6-digit hospital identification number indicated on the transmittal form must be exactly as it appears on the tape in positions 2 through 7.

**FOR USE WITH DISCHARGES ON AND AFTER 1/1/99**

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**STANDARD RECORD FORMAT  
3½" DISKETTE**

The following format is to be used for submitting the required discharge data on 3½" diskette. Deviation from the format will not be accepted.

1. 3½" diskette (either 720KB, 1.44MB or 2.88 MB).
2. DOS format.
3. One reporting facility and time period (one file) per diskette.
4. Standard ASCII character coding.
5. Readable by an IBM compatible PC diskette drive
6. Record length 520 characters followed by a carriage return and line feed.

**STANDARD RECORD FORMAT  
5¼" DISKETTE**

The following format is to be used for submitting the required discharge data on 5¼" diskette. Deviation from the format will not be accepted.

1. 5¼" diskette (1.2MB).
2. DOS format.
3. One reporting facility and time period (one file) per diskette.
4. Standard ASCII character coding.
5. Readable by an IBM compatible PC diskette drive.
6. Record length 520 characters followed by a carriage return and line feed.

**STANDARD RECORD FORMAT  
CD-ROM**

The following format is to be used for submitting the required discharge data on CD-ROM. Deviation from the format will not be accepted

1. ISO 9660 CD-ROM IBM compatible.
2. DOS format.
3. One reporting facility and time period (one file) per diskette.
4. Standard ASCII character coding.
5. Readable by an IBM compatible PC CD-ROM drive.
6. Record length 520 characters followed by a carriage return and line feed.

**FOR USE WITH DISCHARGES ON AND AFTER 1/1/99**

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**CREATING THE 3½" AND 5¼" DISKETTES OR CD-ROM FILE**

The preferred method of creating the diskette or CD-ROM file is to COPY the file from your system's drive directly to the diskette or CD-ROM. There will be a problem if the file size is greater than the diskette or CD-ROM. This most likely will occur on smaller diskettes but could occur on any diskette. If this situation occurs, the only acceptable way to transfer the data to diskette or CD-ROM is by breaking the data into multiple files that will fit on a single diskette or CD-ROM. Due to the wide variety of DOS operating systems and the many different versions, there is substantial risk in using the BACKUP/RESTORE functions. The risk is in the incompatibility of the various versions of DOS in BACKUP and RESTORE. Therefore, you must inform us of the total number of records and clearly label the diskettes or CD-ROMs. OSHPD will use the diskettes or CD-ROM to build the larger file on our hard disk and then resume normal processing of your data.

Prior to sending a diskette or CD-ROM to OSHPD, it is advisable to do a DIR on the diskette or CD-ROM and verify that it contains the file.

**STANDARD RECORD FORMAT  
3½" AND 5¼" DISKETTES OR CD-ROM  
ADDITIONAL REQUIREMENTS**

- No packed or binary data.
- All unused alphanumeric and alphabetic fields must be space-filled.
- All alpha fields must be in UPPER CASE.
- All unused numeric fields must be zero-filled.
- The 6-digit hospital identification number indicated on the transmittal form must be exactly as it appears on the diskette or CD-ROM in positions 2 through 7.
- One reporting hospital and one reporting period (one data file) per diskette or CD-ROM.

**FOR USE WITH DISCHARGES ON AND AFTER 1/1/99**

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**STANDARD RECORD FORMAT  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

<u>Description</u>	<u>From</u>	<u>Through</u>	<u>Format</u> <sup>1</sup>
Patient's Type of Care	1	1	N( 1)
Hospital Identification Number	2	7	N( 6)
Date of Birth	8	15	N( 8)
Sex	16	16	N( 1)
Race			
Ethnicity	17	17	N( 1)
Race	18	18	N( 1)
ZIP Code	19	23	X( 5)
Admission Date	24	31	N( 8)
Source of Admission			
Site	32	32	N( 1)
Licensure of Site	33	33	N( 1)
Route of Admission	34	34	N( 1)
Type of Admission	35	35	N( 1)
Discharge Date	36	43	N( 8)
Principal Diagnosis	44	48	X( 5)
Principal Diagnosis Present at Admission	49	49	A( 1)
Other Diagnoses	50	----	X( 5) <sup>2</sup>
Other Diagnoses Present at Admission	----	193	A( 1) <sup>2</sup>
Principal Procedure Code	194	197	X( 4)
Principal Procedure Date	198	205	N( 8)
Other Procedure Codes	206	----	X( 4) <sup>3</sup>
Other Procedures Dates	----	445	N( 8) <sup>3</sup>
Principal E-Code	446	450	X( 5)
Other E-Codes	451	470	X( 5) <sup>4</sup>
Patient's Social Security Number	471	479	N( 9)
Disposition of Patient	480	481	N( 2)
Total Charges	482	488	N( 7)
Abstract Record Number	489	500	X(12)
DNR Order	501	501	A( 1)
Unused	502	502	X( 1)
Expected Source of Payment			
Payer Category	503	504	N( 2)
Type of Coverage	505	505	N( 1)
Plan Code Number	506	509	N( 4)
Unused	510	520	X(11)

**Footnotes are on Page 8**

**FOR USE WITH DISCHARGES ON AND AFTER 1/1/99**

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

**FOOTNOTES**

<sup>1</sup>Format indicates data type and length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

X = Alphanumeric

<sup>2</sup>This variable and its format occurs 24 times. Fill from the left-most position and **DO NOT** skip fields. Each other diagnosis and its condition present at admission is paired. The first pair is in positions 50-55, the second pair in 56-61, the third pair in 62-67, and so on consecutively through 24 pairs.

<sup>3</sup>This variable and its format occurs 20 times. Fill from the left-most position and **DO NOT** skip fields. Each other procedure and its date is paired. The first pair is in positions 206-217, the second pair in 218-229, the third pair in 230-241, and so on consecutively though 20 pairs.

<sup>4</sup>This variable and its format occurs 4 times. Fill from the left-most position and **DO NOT** skip fields.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

PATIENT'S TYPE OF CARE

Record Position:	1
Data Length:	1
Data Type:	Numeric
Codes:	1 = Acute Care 3 = Skilled Nursing/Intermediate Care 4 = Psychiatric Care 5 = Chemical Dependency Recovery Care 6 = Physical Rehabilitation Care

HOSPITAL IDENTIFICATION NUMBER

Record Positions:	2 through 7
Data Length:	6
Data Type:	Numeric
Codes:	Hospital Identification Number (the unique facility number assigned by OSHPD). This field is required for each record.

DATE OF BIRTH

Record Positions:	8 through 15
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month      Day      Year
Special Instructions:	Single-digit months and days must include a preceding zero.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

SEX

Record Position:	16
Data Length:	1
Data Type:	Numeric
Codes:	1 = Male 2 = Female 3 = Other 4 = Unknown

RACE

Ethnicity

Record Position:	17
Data Length:	1
Data Type:	Numeric
Codes:	1 = Hispanic 2 = Non-Hispanic 3 = Unknown

RACE

Record Position:	18
Data Length:	1
Data Type:	Numeric
Codes:	1 = White 2 = Black 3 = Native American/Eskimo/Aleut 4 = Asian/Pacific Islander 5 = Other 6 = Unknown

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

ZIP CODE

Record Positions:	19 through 23
Data Length:	5
Data Type:	Alphanumeric
Codes:	5 digit ZIP Code XXXXXX = Unknown YYYYYY = Foreign <u>ZZZZZ</u> = Homeless
Special Instructions:	XXXXX, YYYYYY, and <u>ZZZZZ</u> <u>must</u> be reported in UPPER CASE.

ADMISSION DATE

Record Positions:	24 through 31
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year
Special Instructions:	Single-digit months and days must include a preceding zero.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

SOURCE OF ADMISSION

Site

Record Position:	32
Data Length:	1
Data Type:	Numeric
Codes:	1 = Home 2 = Residential Care Facility 3 = Ambulatory Surgery 4 = Skilled Nursing/Intermediate Care 5 = Acute (Inpatient) Hospital Care 6 = Other (Inpatient) Hospital Care 7 = Newborn 8 = Prison/Jail 9 = Other

Licensure Of Site

Record Position:	33
Data Length:	1
Data Type:	Numeric
Codes:	1 = This Hospital 2 = Another Hospital 3 = Not a Hospital

Route Of Admission

Record Position:	34
Data Length:	1
Data Type:	Numeric
Codes:	1 = <u>Your</u> Emergency Room 2 = Not <u>Your</u> Emergency Room

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

TYPE OF ADMISSION

Record Position:	35
Data Length:	1
Data Type:	Numeric
Codes:	1 = Scheduled 2 = Unscheduled 3 = Infant, under 24 hrs. old 4 = Unknown

DISCHARGE DATE

Record Positions:	36 through 43
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year
Special Instructions:	Single-digit months and days must include a preceding zero.

PRINCIPAL DIAGNOSIS

Record Positions:	44 through 48
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

## DATA ELEMENT SPECIFICATIONS MAGNETIC TAPE, DISKETTE, OR CD-ROM

### PRINCIPAL DIAGNOSIS CONDITION PRESENT AT ADMISSION

Record Position:	49
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes N = No U = Uncertain
Special Instruction:	Y, N, and U <u>must</u> be reported in UPPER CASE.

### OTHER DIAGNOSES

Record Positions:	50 through 54, 56-60, 62-66, etc. consecutively through <u>24</u> codes ending in position 192
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	The ICD-9CM code must be left-justified and space-filled. Fill from the left-most position and <b>DO NOT</b> skip fields. The default value is all spaces. Do not include E-codes.

### OTHER DIAGNOSES CONDITIONS PRESENT AT ADMISSION

Record Positions:	55, 61, 67, etc. consecutively through <u>24</u> codes ending in position 193
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes N = No U = Uncertain
Special Instructions:	Y, N, and U <u>must</u> be reported in UPPER CASE.



**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

PRINCIPAL PROCEDURE AND DATE

Principal Procedure Code

Record Positions:	194 through 197
Data Length:	4
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	The procedure code must be left-justified and space-filled. The default value is all spaces.

Principal Procedure Date

Record Positions:	198 through 205
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year
Special Instructions:	Single-digit months and days must include a preceding zero. When there is no principal procedure, the default value is all zeros.

## DATA ELEMENT SPECIFICATIONS MAGNETIC TAPE, DISKETTE, OR CD-ROM

### OTHER PROCEDURES AND DATES

#### OTHER PROCEDURES CODES

Record Positions:	206 through 209, 218-221, 230-233, etc. consecutively through <u>20</u> codes ending in position 437
Data Length:	4
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	Other procedures codes must be left-justified and space-filled. Fill from the left-most position and <b>DO</b> <b>NOT</b> skip fields. The default value is all spaces.

#### OTHER PROCEDURES DATES

Record Positions:	210 through 217, 222-229, 234-241, etc. consecutively through <u>20</u> codes ending in position 445
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month    Day    Year
Special Instructions:	Single-digit months and days must include a preceding zero. When there are no other procedures codes, the default value is zeros.

## DATA ELEMENT SPECIFICATIONS

### MAGNETIC TAPE, DISKETTE, OR CD-ROM

#### PRINCIPAL E-CODE

Record Positions:	446 through 450
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

#### OTHER E-CODES

Record Positions:	451 through 455, 456-460, 461-465, and 466-470 (maximum of 4 E-Codes)
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

#### PATIENT'S SOCIAL SECURITY NUMBER

Record Positions:	471 through 479
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeros. <b>DO NOT</b> use hyphens. Enter 000000001 if the SSN is not recorded in the patient's medical record.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

DISPOSITION OF PATIENT

Record Positions:	480 through 481
Data Length:	2
Data Type:	Numeric
Codes:	01 = Routine Discharge 02 = Acute Care Within This Hospital 03 = Other Type of Hospital Care Within This Hospital 04 = Skilled Nursing/Intermediate Care Within This Hospital 05 = Acute Care at Another Hospital 06 = Other Type of Hospital Care at Another Hospital (Not Skilled Nursing/Intermediate Care) 07 = Skilled Nursing/Intermediate Care Elsewhere 08 = Residential Care Facility 09 = Prison/Jail 10 = Against Medical Advice 11 = Died 12 = Home Health Service 13 = Other
Special Instructions:	Single digit values must include a preceding zero.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

TOTAL CHARGES

Record Positions:	482 through 488
Data Length:	7
Data Type:	Numeric
Codes:	Whole dollars only—no cents. Code 9999999 for Total Charges exceeding 7 positions.
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned. The default value is all zeros.

ABSTRACT RECORD NUMBER (OPTIONAL)

Record Positions:	489 through 500
Data Length:	12
Data Type:	Alphanumeric
Code:	Optional medical record number or any patient identification number assigned by the hospital.
Special Instructions:	The Abstract Record Number must be left-justified and space-filled. If not reported, the default value is all spaces.

DO NOT RESUSCITATE (DNR) ORDER

Record Position:	501
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes N = No
Special Instructions:	Y and N <u>must</u> be reported in UPPER CASE.

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**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

UNUSED

Record Position:	502
Data Length:	1
Data Type:	Alphanumeric
Codes:	Space

EXPECTED SOURCE OF PAYMENT

Payer Category

Record Positions:	503 through 504
Data Length:	2
Data Type:	Numeric
Codes:	01 = Medicare 02 = Medi-Cal 03 = Private Coverage 04 = Workers' Compensation 05 = County Indigent Programs 06 = Other Government 07 = Other Indigent 08 = Self Pay 09 = Other Payer
Special Instructions:	Single-digit codes must included a preceding zero.

**DATA ELEMENT SPECIFICATIONS  
MAGNETIC TAPE, DISKETTE, OR CD-ROM**

EXPECTED SOURCE OF PAYMENT, CONTINUED

Type of Coverage

Record Position:	505
Data Length:	1
Data Type:	Numeric
Codes:	1 = Managed Care – Knox-Keene or Medi-Cal County Organized Health System 2 = Managed Care – Other 3 = Traditional Coverage
Special Instructions:	Type of Coverage MUST be reported if Payer Category 01, 02, 03, 04, 05, or 06 is reported. If Payer Category 07, 08, or 09 is reported, the default value is zero.

Plan Code Number

Record Positions:	506 through 509
Data Length:	4
Data Type:	Numeric
Codes:	Refer to attached Tables of the Plan Code Names and Plan Code Numbers, Pages 22 through 24.
Special Instructions:	The Plan Code Number must be right-justified and zero-filled. The Plan Code Number MUST be reported if Type of Coverage 1 is reported. If Type of Coverage 2 or 3 is reported, the default value is zero.

Unused

Record Positions:	510 through 520
Data Length:	11
Data Type:	Alphanumeric
Codes:	Spaces

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**DATA ELEMENT SPECIFICATIONS**  
**MAGNETIC TAPE, DISKETTE, OR CD-ROM**

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers  
For use with discharges occurring in 1999

Plan Code Names	Plan Code Numbers
Aetna Health Plans of California, Inc.	0176
Alameda Alliance for Health	0328
American Family Care	0322
Blue Cross of California	0303
Blue Shield of California	0043
BPS HMO	0314
Brown and Toland Medical Group	0352
Calaveras Provider Network	0365
Care 1st Health Plan	0326
Careamerica-Southern California, Inc.	0234
Chinese Community Health Plan	0278
Cigna Healthcare of California, Inc.	0152
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Contra Costa Health Plan	0054
Concentrated Care, Inc.	0360
Foundation Health, a California Health Plan	0109
Great American Health Plan	0327
Greater Pacific HMO Inc	0317
HAI	0292
Healthmax America	0277
Health Net	0300
Health Plan of America (HPA)	0126
Health Plan of the Redwoods	0159
Heritage Provider Network, Inc.	0357
Inland Empire Health Plan	0346
Inter Valley Health Plan	0151
Kaiser Foundation Added Choice Health Plan	0289
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Inc	0335
Key Health Plan of California	0343
Lifeguard, Inc.	0142
LA Care Health Plan	0355
Managed Health Network	0196

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**DATA ELEMENT SPECIFICATIONS**  
**MAGNETIC TAPE, DISKETTE, OR CD-ROM**

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers, Continued  
For use with discharges occurring in 1999

Maxicare	0002
MCC Behavioral Care of California, Inc.	0298
MedPartners Provider Network, Inc.	0345
Metrahealthcare Plan	0266
Merit Behavioral Care of California, Inc.	0288
Monarch Plan Inc.	0270
National Health Plans	0222
National HMO	0222
Occupational Health Services (OHS)	0235
Omni Healthcare, Inc.	0238
One Health Plan of California Inc.	0325
Pacificare Behavioral Health of California Inc.	0301
Pacificare of California	0126
Priorityplus of California	0237
Prucare Plus	0296
Qualmed Plans for Health	0300
Regents of the University of California	0354
San Francisco Health Plan	0349
Santa Clara County Family Health Plan	0351
Secure Horizons	0126
Sharp Health Plan	0310
Smartcare Health Plan	0212
The Health Plan of San Joaquin	0338
Tower Health Service	0324
UHC Healthcare	0266
UHP Healthcare	0008
Universal Care	0209
Valley Health Plan	0236
Value Behavioral Health of California, Inc.	0293
Ventura County Healthcare Plan	0344
Vista Behavioral Health Plan	0102
Western Health Advantage	0348
Other	8000

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**DATA ELEMENT SPECIFICATIONS**  
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Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers  
For use with discharges occurring in 1999

Name of Medi-Cal County Organized Health System	Plan Code Numbers
Cal Optima (Orange County)	9030
Health Plan of San Mateo (San Mateo County)	9041
Santa Barbara Health Authority(Santa Barbara County)	9042
Santa Cruz County Health Options (Santa Cruz County)	9044
Solano Partnership Health Plan (Solano County)	9048

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**DATA ELEMENT SPECIFICATIONS**  
**MAGNETIC TAPE, DISKETTE, OR CD-ROM**

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers:  
For use with discharges occurring in 2000

Plan Code Names	Plan Code Numbers
Aetna Health Plans of California, Inc.	0176
Alameda Alliance for Health	0328
Blue Cross of California	0303
Blue Shield of California	0043
BPS HMO	0314
Calaveras Provider Network	0365
Care 1st Health Plan	0326
Cedars-Sinai Provider Plan, LLC	0366
Chinese Community Health Plan	0278
Cigna Healthcare of California, Inc.	0152
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Concentrated Care, Inc.	0360
Contra Costa Health Plan	0054
FPA Medical Management of California, Inc	0350
Great American Health Plan	0327
Greater Pacific HMO Inc	0317
HAI, Hai-Ca	0292
Healthmax America	0277
Health Net	0300
Health Plan of America (HPA)	0126
Health Plan of the Redwoods	0159
Health Plan of San Mateo Healthy Families, not COHS	0358
Heritage Provider Network, Inc.	0357
Holman Professional Counseling Centers	0231
Inland Empire Health Plan	0346
Inter Valley Health Plan	0151
Kaiser Foundation Added Choice Health Plan	0289
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Inc	0335
Key Health Plan of California	0343
Key HMO Key Choice	0343
Lifeguard, Inc.	0142
LA Care Health Plan	0355
Managed Health Network	0196
Maxicare	0002
MCC Behavioral Care of California, Inc.	0298
MedPartners Provider Network, Inc.	0345

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Metrahealth Care Plan	0266
Merit Behavioral Care of California, Inc.	0288
Molina	0322
National Health Plans	0222
National HMO	0222
Omni Healthcare, Inc.	0238
One Health Plan of California Inc.	0325
On Lok Senior Health Services	0385
Pacificare Behavioral Health of California Inc.	0301
Pacificare of California	0126
Primecare Medical Network, Inc. A CA. Corp.	0367
Priorityplus of California	0237
Prucare Plus	0296
Qualmed Plans for Health/Bridgeway	0300
Regents of the University of California	0354
San Francisco Health Plan	0349
Santa Clara Family Health Plan	0351
Scripps Clinic Health Plan Services, Inc.	0377
Secure Horizons	0126
Sharp Health Plan	0310
Simnsa Health Care	0393
Sistemas Medicos Nacionales, S.A. De C.V.	0393
Smartcare Health Plan	0212
The Health Plan of San Joaquin	0338
Thipa Management Consultants, Incorporated	0363
Tower Health Service	0324
UHC Healthcare	0266
UHP Healthcare	0008
Universal Care	0209
Valley Health Plan	0236
Value Behavioral Health & American Psychol.	0293
Ventura County Health Care Plan	0344
Vista Behavioral Health Plan	0102
Western Health Advantage	0348
Other HMO	8000

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Table 2. Medi-Cal County Organized Health Systems and Plan Code  
Numbers: For use with discharges occurring in 2000

Name of Medi-Cal County Organized Health System	Plan Code Numbers
Cal Optima (Orange County)	9030
Health Plan of San Mateo (San Mateo County)	9041
Santa Barbara Health Authority (Santa Barbara County)	9042
Central Coast Alliance For Health Options (Santa Cruz County)	9044
Solano Partnership Health Plan (Solano County)	9048

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